

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213560604					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>THE PLANNING COUNCIL</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>SUZANNE PURYEAR</b>  <b>5365 ROBIN HOOD ROAD</b>  <b>SUITE 700</b>   <b>NORFOLK, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>NORFOLK CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/26/2013</b></p> <p>SCC ID NO: <b>00502500</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 5365 ROBIN HOOD ROAD SUITE 700</p> <p style="text-align: center;">CITY/ST/ZIP: NORFOLK, VA 23513</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SUZANNE PURYEAR  TITLE: PRESIDENT  ADDRESS: 5365 ROBIN HOOD ROAD  SUITE 700  CITY/ST/ZIP/CO: NORFOLK, VA 23513 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: SUZANNE PURYEAR TITLE: PRESIDENT ADDRESS: 5365 ROBIN HOOD ROAD SUITE 700 CITY/ST/ZIP/CO: NORFOLK, VA 23513	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SUZANNE PURYEAR TITLE: PRESIDENT ADDRESS: 5365 ROBIN HOOD ROAD SUITE 700 CITY/ST/ZIP/CO: NORFOLK, VA 23513	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD KNOX, JR.  TITLE: TREASURER  ADDRESS: 700 55TH STREET  CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: RICHARD KNOX, JR. TITLE: TREASURER ADDRESS: 700 55TH STREET CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RICHARD KNOX, JR. TITLE: TREASURER ADDRESS: 700 55TH STREET CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GREG GROOTENDORST  TITLE: VICE CHAIRMAN  ADDRESS: 723 WOODLAKE DRIVE  CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: GREG GROOTENDORST TITLE: VICE CHAIRMAN ADDRESS: 723 WOODLAKE DRIVE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: GREG GROOTENDORST TITLE: VICE CHAIRMAN ADDRESS: 723 WOODLAKE DRIVE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EVA WIGGINS  TITLE: CHAIRMAN  ADDRESS: 999 WATERSIDE DRIVE  STE 1400  CITY/ST/ZIP/CO: NORFOLK, VA 23510 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: EVA WIGGINS TITLE: CHAIRMAN ADDRESS: 999 WATERSIDE DRIVE STE 1400 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: EVA WIGGINS TITLE: CHAIRMAN ADDRESS: 999 WATERSIDE DRIVE STE 1400 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHANNA WOOD  TITLE: VICE CHAIRMAN  ADDRESS: 1026 CONSTANT HALL  CITY/ST/ZIP/CO: NORFOLK, VA 23529 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: SHANNA WOOD TITLE: VICE CHAIRMAN ADDRESS: 1026 CONSTANT HALL CITY/ST/ZIP/CO: NORFOLK, VA 23529	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SHANNA WOOD TITLE: VICE CHAIRMAN ADDRESS: 1026 CONSTANT HALL CITY/ST/ZIP/CO: NORFOLK, VA 23529	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	JOSEPH BARLOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8204 LONGVUE CIRCLE		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23436		
NAME:	TED BAROODY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 W. MAIN STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	JOANNE BERKLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1419 BUCKINGHAM AVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		
NAME:	CHARLES BROCKETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4515 MIARFIELD ARC		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23321		
NAME:	REGINALD CORINALDI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	575 LYNNHAVEN PKWY		
CITY/ST/ZIP/CO:	SUITE 310 VIRGINIA BEACH, VA 23452		
NAME:	JEAN CORLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	319 POINSETTIA LANE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23325		
NAME:	ANDREW DAMIANI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 1411		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		
NAME:	J. SAM GLASSCOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 1876		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23439		
NAME:	T. A. GRELL, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3929 MEETING HOUSE ROAD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		
NAME:	BARBARA HAMM-LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5200 HAMPTON BLVD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		
NAME:	CHARLES HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	505 YORKSHIRE DRIVE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		

NAME:	JAMES HERNDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	915 OAKLETTE AVE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23325		
NAME:	DAUN HESTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3728 WEDGEFIELD AVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		
NAME:	SHAREN HUGHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 REGATTA LANE		
CITY/ST/ZIP/CO:	SMITHFIELD, VA 23430		
NAME:	JOHN KEELING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2508 QUEENS ELM PLACE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	PAMELA KLOEPEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	501 ELIZABETH PLACE		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23704		
NAME:	WILLIAM MASON, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5118 GREENWICH ROAD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		
NAME:	JOHN MASSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E. CITY HALL AVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	J. GAIL NICULA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1114 ROCKBRIDGE AVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		
NAME:	CYNTHIA PAYTON-MORRISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	601 CRAWFORD STREET		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23704		
NAME:	GAIL PRUDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	309 WESTERN AVE		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		
NAME:	MARLENE RANDALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 820		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23705		

NAME:	JAMES RESOLUTE, SR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3321 KINDLEWOOD CRESCENT		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23321		
NAME:	WHITNEY SAUNDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	705 W. WASHINGTON ST.		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		
NAME:	PRESCOTT SHERROD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4445 CORPORATE LANE		
CITY/ST/ZIP/CO:	SUITE 166 VIRGINIA BEACH, VA 23462		
NAME:	VINCENT THOMAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE COLLEY AVE,		
CITY/ST/ZIP/CO:	APT 703 NORFOLK, VA 23510		
NAME:	JAKE TOBIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 COLLEGE PLACE		
CITY/ST/ZIP/CO:	#4 NORFOLK, VA 23510		
NAME:	JOHN DE TRIQUET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3020 PRINCESS ANNE CRESCENT		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23321		
NAME:	THERESA WHIBLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1658 LONGWOOD DRIVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		
NAME:	VALERIE LANGHORNE-PETTAWAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4429 BONNEY ROAD		
CITY/ST/ZIP/CO:	SUITE 500 VIRGINIA BEACH, VA 23462		
NAME:	AMELIA ROSS-HAMMOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1008 SPINDLE CROSSING		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		
NAME:	SHERRY HUNT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	441 MARKET STREET		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE ODELL DIRECTOR 1370 BOTETOURT GDNS NORFOLK, VA 23517	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SUZANNE PURYEAR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUZANNE PURYEAR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/26/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			